

# **TOWN OF DAVIE**

## **TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** William F. Underwood, II, Director of Budget & Finance/1050

**PREPARED BY:** William F. Underwood, II

**SUBJECT:** Establishing a Municipal NOW Account at SunTrust Bank

**AFFECTED DISTRICT:** Townwide

**TITLE OF AGENDA ITEM:** A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, APPROVING THE ESTABLISHMENT OF A MUNICIPAL NOW ACCOUNT AT SUNTRUST, AUTHORIZING EXECUTION OF THE REQUIRED ACCOUNT AGREEMENT AND RELATED SIGNATURE FORMS, AND PROVIDING AN EFFECTIVE DATE

**REPORT IN BRIEF:** The Town has been informed by our bank, SunTrust, that the Federal Reserve has changed the timing of when items are cleared through the Federal Reserve system. The Federal Reserve has added a late afternoon processing time when they notify banks of additional items clearing that day.

This change in the Federal Reserve's timing has caused a problem for the Town and SunTrust because of the way our cash management accounts were set up. Currently, surplus Town funds are maintained in the Town's account at the State Board of Administration (SBA) and SunTrust representatives draw down funds daily from the Town's SBA account on the Town's behalf into the Town's SunTrust checking account to cover items clearing that day as needed. The SBA has a cut off time to request same day funds of 11am. SunTrust must therefore submit the amount to be drawn down that day prior to having the final numbers from the Federal Reserve. This has lead to occasions when the Town's account at SunTrust was in a deficit position overnight until additional funding could be drawn down from the SBA.

In order to coordinate the timing of the processing of all the entities involved, we have worked with SunTrust and can overcome this problem by opening a Municipal NOW account at SunTrust. This would be an interest bearing account with rates anticipated to be about 5 – 10 basis points below those of the SBA. The Town would keep a portion of its surplus monies in the NOW account rather than at the SBA and this way if late items come through, SunTrust would be able to make a book entry between Town accounts to avoid any future overnight deficit balances.

**PREVIOUS ACTIONS:** N/A

**CONCURRENCES:** N/A

**FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: \$200.00 annually

Account Name: Bank service charge account

If no, amount needed: \$

What account will funds be appropriated from:

Additional Comments: Approximately \$200 annually to maintain account plus a reduction in interest income, but expected to be offset by anticipated lower wire transfer fees.

**RECOMMENDATION(S):** Motion to approve resolution

**Attachment(s):**

Resolution

Exhibit "A"

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, APPROVING THE ESTABLISHMENT OF A MUNICIPAL NOW ACCOUNT AT SUNTRUST, AUTHORIZING EXECUTION OF THE REQUIRED ACCOUNT AGREEMENT AND RELATED SIGNATURE FORMS, AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the Town maintains its checking account at SunTrust; and

WHEREAS, the Town maintains an account at the State Board of Administration to hold the Town's surplus funds; and

WHEREAS, funds must be drawn down from the SBA account to the checking account in order to fund items clearing the Town's checking account each day; and

WHEREAS, the timing of the Federal Reserve's item processing necessitates a change in the way the Town's cash management is currently set up; and

WHEREAS, the Town has worked together with SunTrust to find a solution suitable to both the Town and SunTrust;

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby authorize the establishment of a Municipal NOW account with SunTrust.

SECTION 2. The Town Council of the Town of Davie does hereby authorize the execution of the required account agreement and related signature forms necessary to open the Municipal NOW account with SunTrust.

SECTION 3. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2006

\_\_\_\_\_  
MAYOR/COUNCILMEMBER

Attest:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2006

# EXHIBIT “A”



## Deposit Account Resolution and Authorization for Business Entities

### I. Business Entity Account Information

Name TOWN OF DAVIE Business Type PF State/Local  
Taxpayer Identification Number 596046527 Date Resolution and Authorization Adopted \_\_\_\_\_  
Account Number(s) 1000048836232

The undersigned in Section IX or X hereby certify to SunTrust Bank ("Bank") that the above named Business Entity is organized and existing under the laws of the **FLORIDA** and has been registered in the manner prescribed by law and is currently in full compliance with all requirements relating to its organization and continued existence under applicable law.

These resolutions and authorizations apply to the above referenced deposit account(s) (hereinafter "Account") currently open with the Bank and any additional Accounts opened in the future in the name of the Business Entity. For purposes of this resolution and authorization, Accounts will include any certificates of deposit in the name of the Business Entity. These resolutions and authorizations shall remain in full force and effect until written notice in a form acceptable to the Bank of their rescission or modification certified by the appropriate authorized individual(s) applicable to the Business Entity has been received by Bank and the Bank has had a reasonable time to act on said change. Receipt of such notice shall not affect any action taken by Bank prior thereto and Bank shall be held harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the acts or instructions of any individual so certified or authorized in these resolutions to sign by delegation of authority in accordance herewith or refusing to honor any signature not so certified or authorized.

### II. Authority to sign, act, give instructions, access information, use Bank's services, perform transactions, enter into agreements and delegate authority on behalf of Business Entity

Resolved, that Bank be and is hereby designated a depository for the Business Entity; that any one of the individuals or entities named in Section III below is an "Authorized Signer" and is authorized to act, give instructions, access information, use Bank's services, and perform transactions on behalf of Business Entity with respect to any Accounts of Business Entity with Bank or services provided to Business Entity by the Bank, to enter into on behalf of the Business Entity any of Bank's agreements including checking, savings, certificates of deposit, wire or electronic funds transfer, night deposit, cash management, or other treasury management services agreements and to delegate to any other individual or entity his or her authority to act, give instructions, access information, use Bank's services, perform transactions, and enter into agreements on behalf of the Business Entity, including agreements that delegate his or her authority to other individuals or entities with respect to the Business Entity's Accounts or Bank's services; that the Business Entity shall be bound by the terms and conditions of all such agreements and Bank's Rules and Regulations for Deposit Accounts related thereto, all as now existing or as amended from time to time; and that any Authorized Signer named in Section III, is authorized on behalf of this Business Entity to sign and to endorse for deposit, negotiation or collection, any and all checks, drafts, certificates of deposit, savings certificates, items or other instruments or written orders for the payment of money payable by or to the order of this Business Entity. Signatures and endorsements, if any, may be in writing, by stamp, or otherwise affixed, with or without designation or signature of the person so endorsing, it being understood that all prior endorsements on such items are guaranteed by this Business Entity, regardless of the lack of an express guarantee in the endorsement of this Business Entity.

Further Resolved, Bank is hereby directed to honor, pay and charge to the Accounts of this Business Entity, without inquiry as to the circumstances of the issuance or application of the proceeds of, any checks, drafts, items or other written orders on any of this Business Entity's Accounts with Bank, whether payable to, endorsed or negotiated by or for the credit of any person signing the same or any other of the Authorized Signers named in Section III when signed by any of the Authorized Signers named in Section III.

### III. Officers/Owner/General Partners/Members/Managers/Governors authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate authority on behalf of the Business Entity

The full name, title, and specimen signature of each person authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate his or her authority on behalf of the Business Entity as described in the resolutions set forth in this document is immediately below. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity is entered in the column headed "Name", applicable title of General Partner, Member or Manager is entered in the column headed "Title", and the name of the individual signing on behalf of that entity and individual's title or position are entered in the column headed "Specimen Signature" and the individual signs directly underneath his/her name and title. The individual must provide a resolution on that entity reflecting the individual's authority.]

Name	Title	Specimen Signature
<u>TOM TRUEX</u>	<u>MAYOR</u>	_____
<u>BARBARA MCDANIEL</u>	<u>ASSISTANT TOWN CLERK</u>	_____
<u>RUSSELL MUNIZ</u>	<u>TOWN CLERK</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

User ID UFCM42 Account Number 1000048836232

**IV. Facsimile Signatures** (Complete this section only if machine or facsimile stamped signatures are to be used on items.)

Further Resolved, that Bank is hereby requested, authorized and directed to honor any check, draft, item or other written order on any of this Business Entity's Accounts with Bank when bearing or purporting to bear the following authorized machine or facsimile signature of any of the above named individuals whose signatures are reproduced below, regardless of by whom or by what means the actual or purported machine or facsimile signatures may have been affixed. The Business Entity shall indemnify and hold the Bank harmless from any and all claims, expenses, losses, damages and costs, including attorneys' fees, resulting from, or growing out of the Bank's honoring the facsimile signature of any of the following individuals, its refusal to honor any facsimile signature of an individual not named below, or resulting from the unauthorized use of the instrument used to provide the facsimile signatures by persons other than authorized individuals.

Name of Authorized Signer Listed in Section III

Machine or Facsimile Stamped Signature of Authorized Signer

TOM TRUEX

BARBARA MCDANIEL

RUSSELL MUNIZ

"See Attached"

**V. Additional Signatories on Business Entity's Accounts**

Further resolved, the following individual(s) are authorized as additional signatories only to sign and to endorse for deposit or collection any checks, drafts, or other instruments or written orders for the payment of money payable to the order of the Business Entity and to sign checks, drafts, items or other written orders, and initiate wire or funds transfers and execute Bank's Funds Transfer Authorization wire request and disclosure form on any of the Business Entity's Accounts with Bank. [Instruction: If an additional signatory is not authorized to sign on all Accounts, specify the Account Number applicable to the signatory as indicated below.] **Refer to the Signature Card(s) on the Account(s) for specimen signatures of the Additional Signatories.**

Additional Signatory's Name

Position with Entity

Specific Deposit Account Number(s) Applicable to Signatory  
(Complete only if signatory is not authorized on all accounts)

**VI. Qualification Certification for Public Fund, Organization, Political Organization, Homeowners and Condominium Owners Association or Corporation Not Operated for Profit to earn interest on a checking account (NOW Account)**

Mark this section with an "X" only if Business Entity is eligible to earn interest on a checking account

☐ I/We further certify that the above named Business Entity is eligible to earn interest on a checking account (referred to as a Negotiable Order of Withdrawal or NOW Account) in compliance with Regulation D of the Federal Reserve Act (12CFR 204) as a Public Fund or a Non-Profit Organization that is operated primarily for Religious, Philanthropic, Charitable, Educational, Political or other similar purposes under one of the following sections: Organization – Section 501 (C) (3) through (13), and (19) of the Internal Revenue Code (26 USC (IRC 1954) 501 (C) (3) – (13) and (19). Political Organization – Section 527 of the Internal Revenue Code (26 USC (IRC 1954) 527). Homeowners and Condominium Owners Associations – Section 528 of the Internal Revenue Code (26 USC (IRC 1954) 528).

**VII. Power to Act**

The undersigned certifies that there are no limits to the undersigned's powers to adopt this Authorization and to attest that the resolutions stated herein are accurate and that this Deposit Account Resolution and Authorization is in conformity with the provisions of the organizational instruments, which include the Business Entity's charter, bylaws, operating agreement, partnership agreement, shareholders' agreement or similar agreements by which the Business Entity or the undersigned party may be bound and does not violate the provisions thereof.

**VIII. Prior Acts**

All previous acts of or on behalf of the Business Entity as provided for above are hereby approved and ratified.

**IX. Certification – Corporation or Professional Corporation**

I, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions and authorizations are in full force and effect and have not been amended or rescinded.

In witness whereof, I have hereunto subscribed my name and affixed the seal of the Corporation this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Affix Seal here, if available)

Authorized Signature

Name and Title of President, Secretary, Assistant Secretary or Other  
Officer as designated in the Corporation's Bylaws

User ID UFCM42

Account Number 1000048836232

**X. Certification - Limited Liability Company, Partnership, Public Fund, Sole Proprietorship, Unincorporated Organization or Association, or Other Entity**

I/We, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions are in full force and effect and have not been amended or rescinded. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity and the word "By" are entered in the column headed "Signature"; the individual signing on behalf of that entity signs directly below the name of the entity; and the name of the individual and individual's title or position are entered in the column headed "Title". The individual must provide a resolution on that entity reflecting the individual's authority.]

Signature	Name and Title	Date
	<u>TOM TRUEX - MAYOR</u>	
	<u>BARBARA MCDANIEL - ASSISTANT TWN CLERK</u>	
	<u>RUSSELL MUNIZ - TOWN CLERK</u>	

Signature Requirement instructions:

**The following signatures are required to complete and certify the Deposit Account Resolution and Authorization to be correct:**

- Corporations: Corporate Officers authorized to act on behalf of the corporation named in Section III should include the **President and Secretary** and any other applicable corporate officers, such as Vice President or Treasurer. The **President, Secretary, Assistant Secretary, or other corporate officer as designated in the bylaws of the corporation** is required to certify the Deposit Account Resolution and Authorization under Section IX.

-Limited Liability Companies: Section III and X require the signatures of all **members/managers/board members**, unless the Operating Agreement authorizes one or more members/managers/board members to conduct banking business, in which case the signatures of all such authorized members/managers/board members are sufficient.

- Public Fund Entities: Section III requires the signatures of individuals authorized to sign on behalf of the Public Fund Entity as **designated** by the **governing unit**, e.g., Board of County Commissioners, Mayor, Secretary of State, etc. The individual(s) authorized to **represent the governing unit** is required to certify the Deposit Account Resolution and Authorization under Section X.

-Partnerships: Section III and X require the signatures of all **General Partners**, unless the Partnership Agreement designates one or more partners to conduct banking business and perform banking transactions. In such cases, the designated general partner(s) are named in Section III as the **General Partners** authorized to act on behalf of the entity and these same General Partners will certify the Deposit Account Resolution and Authorization under Section X.

-Sole Proprietorships: Section III and X require the signature of the proprietor (owner) or in the case of a spousal proprietorship, the signatures of the husband and wife who own the Business Entity.

-Unincorporated Organizations or Associations: Section III requires the signatures of the **Officers** or **Positions** designated in the Organization or Association's bylaws or charter as authorized to act on behalf of the organization or association. The **President or Secretary** of the organization or association (or other individual designated to do so) is required to certify the Deposit Account Resolution and Authorization under Section X.

Bank Use Only			
Prepared By	<u>CHARLES J MARASCO</u>	Phone Number	<u>954-765-7623</u>
Center Name	<u>INSTITUTIONAL &amp; GOVERNMENT BANKING</u>	Center Number	<u>7025216</u>
Account Number(s)	<u>1000048836232</u>	Verification Method	<u>OBIQ</u>





## Business Account Signature Card

### Account Title

TOWN OF DAVIE  
SWEEP ACCOUNT  
6591 ORANGE DRIVE  
DAVIE, FLORIDA 33314

Region

040

Account Number

1000048836232

Type of Organization PUBLIC FUNDS

Verification/Tax Identification No. 596046527

Authorized Signature(s)

Signature 1 \_\_\_\_\_

Name/Title TOM TRUEX - MAYOR

Signature 2 \_\_\_\_\_

Name/Title BARBARA MCDANIEL - ASSISTANT TOWN CLERK

Signature 3 \_\_\_\_\_

Name/Title RUSSELL MUNIZ - TOWN CLERK

Signature 4 \_\_\_\_\_

Name/Title

Signature 5 \_\_\_\_\_

Name/Title

Signature 6 \_\_\_\_\_

Name/Title

Date Opened	0	Date Revised		Reason	
Center	7025216	Officer Number	013068	ID	EXISTING CLIENT
Work Phone	954-765-7623	By	CHARLES J. MARASCO		
New	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Change	<input type="checkbox"/>

("Bank")

It is agreed that all transactions between the Bank and the entity listed in the above Account Title ("Depositor") shall be governed by the rules and regulations for this account and the above signed as the authorized agent(s) of the Depositor hereby acknowledge(s) receipt of such rules and regulations and the funds availability policy. The Depositor also acknowledges the funds availability policy has been explained.

### Certification - Under penalties of perjury, I, as authorized agent of the Depositor certify that:

- 1) 596046527 is the correct taxpayer identification number for the Depositor (or the Depositor is waiting for a number to be issued), and
- 2) The Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and
- 3) The depositor is a U.S. person (including a U.S. resident alien).

**Certification Instructions.** You must cross out item 2 above if the depositor has been notified by the IRS that the depositor is currently subject to backup withholding because the depositor has failed to report all interest and dividends on the depositor's tax return.

Signature of U.S. Person \_\_\_\_\_

Date \_\_\_\_\_



## Business Account Signature Card

### Account Title

TOWN OF DAVIE  
SWEEP ACCOUNT  
6591 ORANGE DRIVE  
DAVIE, FLORIDA 33314

### Region

040

### Account Number

1000048836232

Type of Organization PUBLIC FUNDS

Verification/Tax Identification No. 596046527

Authorized Signature(s)

Signature 1 See Attached

Name/Title TOM TRUEX - MAYOR - FACSIMILE

Signature 2 See Attached

Name/Title RUSSELL MUNIZ-TOWN CLERK-FACSIMILE

Signature 3 \_\_\_\_\_

Name/Title \_\_\_\_\_

Signature 4 \_\_\_\_\_

Name/Title \_\_\_\_\_

Signature 5 \_\_\_\_\_

Name/Title \_\_\_\_\_

Signature 6 \_\_\_\_\_

Name/Title \_\_\_\_\_

Date Opened 0

Date Revised

Reason

Center 7025216

Officer Number 013068

ID EXISTING CLIENT

Work Phone 954-765-7623

By CHARLES J. MARASCO

New ☐

Replacement ☐

Change ☐

("Bank")

It is agreed that all transactions between the Bank and the entity listed in the above Account Title ("Depositor") shall be governed by the rules and regulations for this account and the above signed as the authorized agent(s) of the Depositor hereby acknowledge(s) receipt of such rules and regulations and the funds availability policy. The Depositor also acknowledges the funds availability policy has been explained.

### Certification - Under penalties of perjury, I, as authorized agent of the Depositor certify that:

- 1) 596046527 is the correct taxpayer identification number for the Depositor (or the Depositor is waiting for a number to be issued), and
- 2) The Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and
- 3) The depositor is a U.S. person (including a U.S. resident alien).

**Certification Instructions.** You must cross out item 2 above if the depositor has been notified by the IRS that the depositor is currently subject to backup withholding because the depositor has failed to report all interest and dividends on the depositor's tax return.

Signature of  
U.S. Person \_\_\_\_\_

Date \_\_\_\_\_